Methods: In this interim analysis (reporting date 01-FEB-2017), the data of 912 Pts were evaluated. 319 Pts (35%) were pretreated exclusively with sDMARD and 595 Pts (64.8%) were also pretreated with bDMARD. The main reason for a switch to TCZ s.c. was lacking effectiveness of the pretreatment. In comparison, patients exclusively pretreated with sDMARD demonstrated a shorter median disease duration (6 vs. 9 years), TCZ s.c. was applied at BL more rarely in combination with MTX (23.5% vs. 35.6%) and more rarely with glucocorticoids (59.2% vs. 69.5%). The comorbidity rates were comparable in both groups. However, patients exclusively pretreated with sDMARD suffered half as often from osteoporosis (9.1% vs. 21.2%). Patients Exclusively pretreated with sDMARD had a longer median treatment duration (380.5 vs. 341.0 days) and a higher retention rate to week 52 (78.9% vs. 70.5%). The effectiveness of the TCZ s.c. treatment was examined with 831 patients. More patients with exclusively sDMARD pretreatment achieved a DAS28 remission and remained in remission (figure 1). The change from BL for the CDAI and DCR response was higher in the sDMARD subgroup. No new safety signals and no differences between the subgroups for all safety parameters were observed.

Conclusions: The results of the third interim analysis of the NIS ARATA confirm the efficacy of TCZ s.c. observed in the approval trials in clinical practice. A fast and effective reduction of disease activity in the treated RA patients as well as a lasting improvement in all RA progression parameters collected was observed. In case of the earlier application of TCZ s.c., directly after sDMARD failure, higher response rates and a longer retention of the treatment were observed.

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EFFECT OF DISCONTINUING TNF INHIBITORS DURING EVALUATION OF RITUXIMAB, TOCILIZUMAB AND ABATAcept IN A FRENCH MULTICENTER RHUPUS COHORT

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Methods: We have set up a transverse observational retrospective and multicentric study. To be included in the cohort, patients had to present an overlap syndrome fulfilling criteria for rheumatoid arthritis and lupus, and to be treated at least by one of these three therapies. Enrollment has been made with a file available on the CRI website and the analysis of the French RA registers (AIR, REGATE and ORA). Primary endpoint was the median time in therapeutic maintenance.

Background: Rhuspus, a combination of Rheumatoid Arthritis (RA) and Systemic Lupus Erythematosus, is a rare entity. Existing epidemiological and therapeutic data are limited.

Objectives: The aim of this study was to describe the therapeutic impact and safety of three biologic therapies: Rituximab, Tocilizumab and Abatacept in a French Rhuspus cohort.

Results: Forty patients from fifteen rheumatologic centres were included. The main demographic data for these patients are given in table 1. Thirty of them received a treatment with Rituximab, twelve with Tocilizumab and seven with Abatacept. Nine patients received 2 biologics at two different times of the disease. The medians of therapeutic maintenance were 82 months with Rituximab, 48 with Tocilizumab and 55 with Abatacept. The detailed analysis of clinical and biologic parameters revealed differences in effectiveness between therapies: corticosteroid doses decreased more in Rituximab group, VAS activity decreased more in Abatacept group, CRP decreased more in Tocilizumab group. Safety of biologics was similar to the data in literature for RA patients.

Conclusions: In patients with RA and JIA who enter pregnancy with well controlled disease, the discontinuation of TNFi before gestational week 20 is possible without a risk of disease flares at the third trimester.

REFERENCE:

Disclosure of Interest: None declared

Abstract FRI0119 – Figure 1. ACR responses after 4 and after 8 weeks of Dekavil treatment in the phase 1 study population including all dose levels (6 – 600µg/kg).

Conclusions: The data obtained in the population studied to date suggest that Dekavil may be a safe and well tolerated novel therapeutic for the potential treatment of RA.

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Figure 1

From the first to the third trimester, women using TNFi beyond week 20 showed a decrease of the PAS scores (coefficient B/C0 -0.423, 95% CI -0.843 to -0.002). However, the various TNFi treatment modes during pregnancy were not associated with any minimum clinically important difference at the third trimester.

When selecting for 58 patients with active disease (PAS score ≥3.71) at the first trimester, the discontinuation of TNFi before gestational week 20 was not associated with any clinically important worsening of the disease at the third trimester.